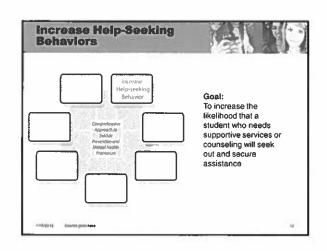
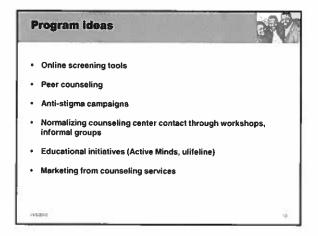
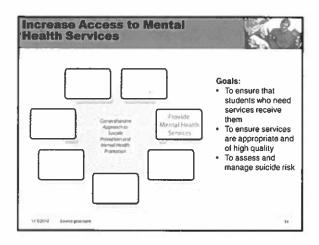
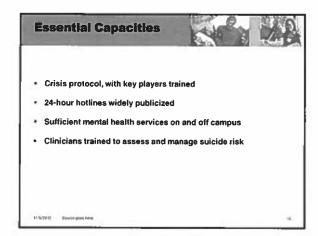


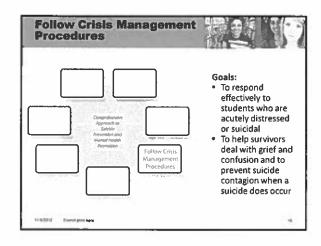
Program examples	1,2
Asking for health/mental health history fr	om entering students
Screening programs (depression screening tools such as AFSP or ulifeline	
Depression and substance screening in particular	primary care settings
Campus at risk team	
<ul> <li>Consultation/connection to relevant camp coaches, advisors, RA's, minority affairs</li> </ul>	pus offices: chaplains,
Gatekeeper trainings: value of strategic for	ocus
<ul> <li>Identify and connect to hi risk groups: LG students, international students</li> </ul>	GBTQ, Vets, returning
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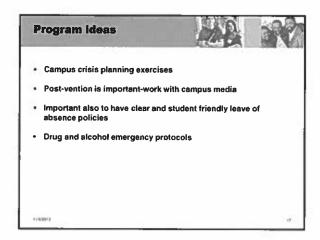


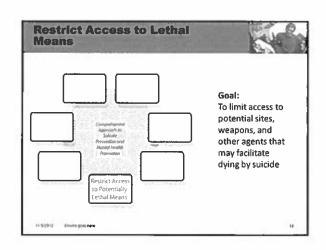


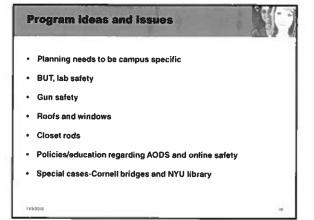


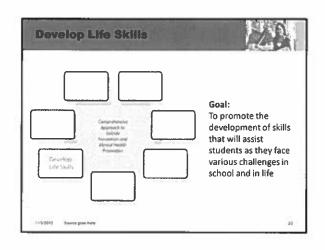


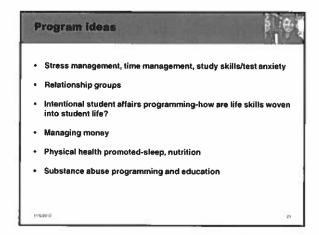


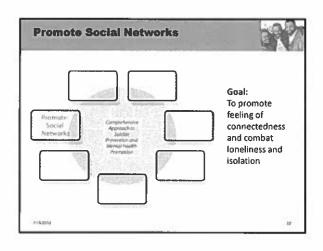




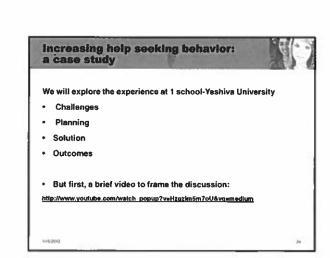








# Program ideas Robust club and group program: special attention to hi risk and disenfranchised students or groups Active efforts to seek out unconnected and isolated students: peer mentor programs, RA's, academic advisors Religious and focused social groups-not everyone identifies with the "university"-importance of "sub-groups"-connections with local communities Diversity and inclusion as campus values Campus civility programs?



### Why does rate of utilization matter?



- Most students with significant pathology are not seen at CC (Blanco 2008 and many others)
- Untreated students are less likely to graduate (Hunt, Eisenberg and Kilbourne 2010)
- "counseling centers appear to be effective in reducing suicide rates for clients" (A. Schwartz 2006)

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### Yeshiva U.-a little background



- Religious underpinnings-what is "centrist orthodoxy" (in 50 words or less)?
- Demographics-approx. 2000 undergrads, 2 campuses, relatively homogeneous community, many know each other and/or come from several communities.
- embarrassment and shame can be problems in cohesive social groups (configurat Matthews 2003)

IN SQUID

Yeshiva (continued)



- Brief history of CC
- Counseling imbedded in Student Affairs until 2004-5
- · Some degree of comfort with help seeking in the community
- BUT, stigma is in general higher in people who come from religiously traditional communities and families (Executive 2001)
- YU's undergrads score above national norms in religiosity

1105/2012

## Rates of utilization? (not a big surprise)



- . In 2005-6 academic year: 8% of undergrads seen
- In 06-7 and 07-08, 10% of students seen
- But, well below the national norm of 15.8% for schools this size
  (mucced surveys)
- Was stigma getting in the way?

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# What to do?



### Several general steps were taken:

- Expand outreach efforts
- Promoting counseling as being helpful for clinical and nonclinical problems
- Active Minds
- · Enhanced "At Risk" student program
- Gatekeeper training programs
- · Expanded pastoral counseling program

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### **Outreach efforts**



- National Depression Screening Day (in 2007, 450 students participated-20% of student body)
- Regular psycho-educational programs with focus on stress, time management, sleep, drug and alcohol us-many of these programs were done with academic support offices
- Promotions re H1N1, general health risks (caffeine), crossing the street while texting
- School newspapers

### Widen scope for "counseling"



- Sleep
- Worrying
- Lack of motivation
- · Family issues

Hope was to allow students a non-stigmatizing way into the CC.

14530

### **Active Minds**



- . Directly work to de-stigmatize mental illness
- "Students speak" programs attracted 15-20% of undergrads for several years
- Students spoke positively and openty about counseling experiences
- Students could interact with CC staff (who typically were discussants at programs) in informal setting

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# At Risk program and Gatekeeper training



- Interlocking committees (see siggins in Key & Schwarts 2010)
- Kept mental health issues "on the radar" of housing, advising, deans of students etc
- YU-SOS program of gatekeeper training-modeled after Campus Connect program
- Trained RA's, student peer counselors, coaches, some inroads with faculty and staff
- Also some resistance-seems to parallel student resistance and anxieties

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### **Pastoral counseling**



- · Readiness to consult with religious advisers re life problems
- Rabbi/SW's and psychologists-not part of CC but became significant source of referrals (where did they reside?)
- Helped to make CC "kosher" (sorry couldn't help it)

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# Outcomes-did this work?



Here is the good news:

- In 2008-9 utilization went up to 14% of undergrads (was 10% prior 2 years)
- In 09-10: 15%
- In 10-11: 17% -remember this is higher than the national norm (15.8%) for schools this size
- Curiously, rates of "stigma" among Yeshiva students remained essentially unchanged.

eservice.

### What does this mean?



- It may be that by "reframing" mental health treatment in a more palatable way, it is possible to work around stigma to a significant extent.
- We should recognize that there could be factors that mitigate the impact of stigma: comfort with help seeking (and even some level of dependency), comfort and trust in the care-giving system, messaging that diminishes the connection of help seeking from pathology
- As pointed out in the opening film, how we present our messages may make a substantial impact on students' ability to hear, see and respond to what we are saying

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